

**COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH
PROGRAM SUPPORT BUREAU
QUALITY IMPROVEMENT DIVISION
CULTURAL COMPETENCY COMMITTEE MEETING MINUTES**

Date: February 11, 2015

Present: Aki Leung, APHCV; Amber Alford, Gateways; Anahid Assatourian; EOB/AD; Angela Kang, SSG-Alliance; Ann Lee, SA 8 Long Beach/South Bay Geo Initiative; Anna Yaralyan, PSB-QID; Aprill Baker, SA 6 QA Liaison; Ardalan Zamanz, LACCC-IMCES; Arpe Asaturyan, Didi Hirsch; Belanie Brown, DMH/CGRD; Bernice Mascher; Betty Dandino, LACCC/Chair; Bruce Wheatley, Inner City Industry – CCC Co-chair; Carrie Johnson, UAll; Catherine Clay, Women's Community Reintegration; Chandler Norton, DMH; Chanh To, API Speaker's Bureau; Denise Johnson, Alafia Mental Health; Dennis Murata, PSB Deputy Director; Earleen Parson, PSB-QID; Elinder Hacopian, IMCES; Elisabeth Gildemontes, DMH/Office of the Medical Director; Helena Ditko, Family Adult System of Care; Hera Patail, DMH; Herb Hatanaka, SSG; Hua Wen, Pacific Clinics; Ilda Aharonian, DMH JJMH QA; Isidoro Gonzalez, DMH-Adult System of Care; Jim The Hat, DMH pro volunteer; Karen Macedonio, SAAC 5; Katty Callender; Latino chair; Kevin Tsang, DMH Older Adult System of Care; Leticia Ximenez, DMH Community & Government Relations Division – CCC Co-chair; Lisa Schoyer, DMH Children System of Care – Family and Community Partnerships; Luis Escalante, PSB-Workforce, Education and Training Division; Luis Garcia, Pacific Clinics; Luis Garcia, Tri-City MHS; Lupe Ayala, SA 7 Administration; Marc Borkheim, PSB-QID; Mariko Kahn, PACS/API UREP; Mark Masaoka, A3PCON; Mark Parra, CHEERD/SLT; Marta Alquijay, DMH; Meline Mailyan, LACCC-IMCES; Melissa Carmona, DMH; Michi Fu, Mirtala Parada Ward, PSB-QID; Muriel Cormier, DMH; Neelofer Tayyib, PSB-QID; Pacific Clinics; Paco Retana; Pam Inaba, LACCC; Rafaela Diaz, Hillsides; Ranie Riley, Women's Community Reintegration; Regina Ramirez, PSB-QID; Reyna Leyva, SA 4 Administration; Rich Willens, Penny Lane; Robert Byrd, DMH; Romalis Taylor, AAA UREP; Rosina Guzman-Ehrlich, NAMI Westside LA; Roxana Linares, PSB-QID; Ruth Tiscareno, DMH/PA Spa 7; Saadia Jackson, Compton Mental Health Center; Sam Joo, KYCC; Sandra Chang Ptasinski, PSB-QID; Sara Pineda, ECDA; Sawako Nitao; Sharon Lyle, AAA UREP Co-chair; Sunnie Whipple; Suzanne Holland, WVMH; Sydney Woods, DMH; Theion Parkins, DMH OASOC; Trang Hoang, SSG-Alliance; Yasuko Kowaldale, Little Tokyo Service Center; Yovette Roldan, SCHARP; Yue Hua Xu (Vicki), DMH SA 3;

Participants via Webex: Reba Stevens

Agenda Items	Comments/Discussion/Recommendations/Conclusions	Action Item	Person(s) Responsible
Welcome & Introductions	Attendee introductions		
Board of Supervisors motion to consolidate the Departments of Health, Mental Health and Public Health	<ul style="list-style-type: none"> Dr. Christina Ghaly provided general comments on the Department of Mental Health (DMH), Department of Health Services (DHS), and the Department of Public Health (DPH) consolidation: <ul style="list-style-type: none"> Consolidation motion was approved on January 13, 2015 The goal of the consolidation is mainstreaming access to care without duplication and without adding bureaucratic layers to the Department The consolidation will mainstream access to care and improve the system's ability to integrate care for "patients" Dr. Ghaly reported consolidation will provide opportunity for the recovery model to be built into the health care system The 3 Departments will retain their current structure and the agency director will have no authority to modify budgets without approval from the board of supervisors There are no anticipated budget cuts or staff layoffs The agency director will have no authority for budgetary changes unless these are approved by the Board of Supervisors All feedback gathered for the stakeholder input will be incorporated into a report followed by a 30-day public comment period. The current stakeholder process will include a public hearing on March 13, 2015. The final report is due to the Board of Supervisors on May 12, 2015 If the consolidation motion is passed, there will be a longer process to implement the recommendations 		Dr. Christina Ghaly, CEO Department of Health Services
CCC and Under Represented Ethnic Population Subcommittee (UREP) Presentations Regarding the Consolidation	<ul style="list-style-type: none"> The co-chairs of the CCC and UREP Subcommittees (African/African American [AAA], American Indian/Alaska Native [AI/AN], Asian Pacific Islander [API], Eastern European/Middle Eastern [EE/ME], Latino, Lesbian, Gay, Bisexual, Transgender, and Questioning [LGBTQ]) presented specific concerns for their communities Common areas of concerns: <ul style="list-style-type: none"> The UREP subcommittees and CCC do not support the 		<u>CCC Co-chairs:</u> Bruce Wheatley and Leticia Ximenez <u>AAA UREP:</u> Romalis Taylor

	<p>consolidation of the three Departments under one health agency</p> <ul style="list-style-type: none"> ○ The plans for consolidation have lacked transparency and the decision making has taken place without input from the community and the three Departments ○ The consumer groups have been left out. Their feedback regarding the consolidation must be sought out and included ○ The consolidation will not include the Stakeholders and System Leadership Team processes implemented by DMH ○ The consolidation will add layers of additional bureaucracy and administrative cost, which will ultimately take away services from our underserved, unserved, and inappropriately served communities ○ A bureaucratic management design is not favorable to the elimination of mental health disparities ○ The documentation regarding the merger (e.g. planning principles and operation parameters) failed to include cultural competency ○ The consolidation will operate based on the medical model which has historically lacked the cultural sensitivity as well as linguistic competency in service delivery ○ The philosophy of the medical model will replace the recovery model, which is the framework for DMH's service planning and delivery ○ DMH's current efforts for service integration, elimination of stigma, and reduction of mental health disparities will vanish ○ Different aspects of cultural competency such as spirituality and collaborations with community partners will also vanish ○ The proposed consolidation model will regress DMH's progress and success in engaging and serving underserved communities with culturally and linguistically appropriate services, and in promoting stakeholder involvement ○ The DHS's lack of experience in community involvement and partnering with Stakeholders will result in the needs of underserved groups being neglected and ignored ○ The consolidation will result in a managed care system and that will eradicate DMHs effort to provide client-driven and culture driven services ○ The Mental Health Services Act (MHSA) funding for underserved populations to access services, reduce stigma, and fund innovative 	<p><u>AI/AN UREP:</u> Carrie Johnson</p> <p><u>API UREP:</u> Herb Hatanaka, Mariko Khan and Sam Joo</p> <p><u>EE/ME UREP:</u> Arpe Asaturyan</p> <p><u>Latino UREP:</u> Paco Retana</p> <p><u>LGBTQ UREP:</u> Marta Alquijay</p>
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	<p>programs that incorporate community-design approaches will be negatively impacted by the consolidation</p> <ul style="list-style-type: none"> ○ The consolidation of the three Departments will affect the community negatively as there will be a greater need to build a cultural and linguistic competent workforce ○ will result in greater gaps in the cultural and linguistic competency of the workforce ○ The consolidation will take away the right of the consumer to choose services that are available ○ An alternate “Council” model was suggested, in which Deputies, Supervisors, and UREP representatives would strategize and plan changes collaborately. ○ DMH is already testing and implementing the integration of services. The DMH Community-Designed Integrated Service Management Model was given as an example ○ The consolidation timeline is rushed, not well thought <u>out</u> and will not allow sufficient time for a thorough Stakeholder process ○ Research on the organizational consolidation of multiple departments has found that consolidations have been ineffective due to incompatibilities of the systems involved ○ The proposed structure of one director reporting directly to the Board of Supervisors will result in an additional layer of bureaucracy. This will generate barriers for the three Departments to express their needs. 		
Next meeting	<ul style="list-style-type: none"> ▪ Wednesday, March 11, 2015, 1:30 pm to 3:30 pm at 550 S. Vermont Ave, 3rd floor conference room, Los Angeles, CA 90020 		

Respectfully Submitted,